School Oral Health Screening Oral Health Report Card 2015-2016 School Year

Child's Name	School Name
Dear Parent/Legal Guardian:	
Your child participated in the Montana School was examined and we want you to know the	ol-based Oral Health Screenings. Your child's entire mouth following:
URGENT dental care is needed. Your child n and treatment. Please call your dentist righ	needs to see a dentist as soon as possible for a thorough exam It away.
■ EARLY dental care is needed. There are area identify. Please call your dentist to schedul	as of concern that a full dental examination would more clearly le a dental visit for your child.
	were seen. Remember that this screening was not a complete se the place of a dental exam. Your child should visit a dentist
Your child has permanent first molar teeth w	hich are eligible for preventive dental sealants.
Comments:	

Thank you for participating in the Montana School-based Oral Health Screenings!

If you have questions or need contact information for a dental professional in your area, please contact the Montana Oral Health Program staff at (406) 444-2660

or

visit the state of Montana's Oral Health Program website at http://www.dphhs.mt.gov/publichealth/oralhealth/

DENTAL REMINDERS

- A child should have a dental checkup by age one.
- Teeth should last a lifetime! Have your child clean his/her teeth every day at home, visit your dentist regularly, and avoid frequent sugary snacks and soft drinks.
- Your child should have a complete checkup regularly by a dentist to help prevent cavities and avoid pain and infection.
- As young children tend to swallow some toothpaste, the appropriate amount of toothpaste is a "pea" or "salmon-egg" size drop of toothpaste.
- Flossing daily helps prevent cavities and gum disease.
- Teeth can be damaged or even knocked out during many sport activities. Protect your child's teeth when he/she plays sports by having the child wear a mouth-guard that has been made for him/her.